

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000014598

1. Entity Name  
PAB SALES & MARKETING STRATEGIES, INC.



Principal Place of Business  
1585 ROBINSON DR  
ST PETE, FL 33710 US

Mailing Address  
1585 ROBINSON DR  
ST PETE, FL 33710 US

2. Principal Place of Business

1585 Robinson Dr.

3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
St Petersburg, FL

Zip  
33710

City & State

Zip  
Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3429865

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BISCIOTTI, PATSY A  
7327 1CT AVENUE NORTH  
SAINT PETERSBURG, FL 33710  
1585 Robinson Dr.  
St Pete FL 33710

7. Name and Address of New Registered Agent

Name  
Patsy A. Bisciotti

Street Address (P.O. Box Number is Not Acceptable)  
1585 Robinson Dr.

City  
St Pete FL Zip Code  
FL 33710

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patsy A. Bisciotti

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISCIOTTI, PATSY A 1585 ROBINSON DR ST PETE, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patsy A. Bisciotti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #